

TL;DR — AI healthcare update, September 7, 2026

Four developments merit attention:

- OpenEvidence released three live clinician models plus a restricted research-preview model.
- Solv launched a provider-side AI operating system combining scheduling, insurance verification, price estimates, payments, and telephone automation.
- A newly verified Epic integration materially strengthens ChatGPT for Healthcare, although it remains read-only and institution-facing.
- New independent research reinforces PSA's decision to keep humans accountable: AI can assist effectively, but performance deteriorates or becomes unreliable in consequential real-world situations.

Amazon Health AI still has the strongest consumer-facing transaction chain. None of these developments independently duplicates its combination of records, guidance, One Medical care, prescriptions, pharmacy, and delivery.

However, competitors are becoming stronger in individual layers that PSA needs: clinical evidence, EHR access, price transparency, scheduling, and workflow automation.

1. OpenEvidence introduces task-specific clinician models

Status: Osler, Sackett, and Snow are live and free for verified clinicians; Darwin is a restricted research preview.

OpenEvidence now lets clinicians select:

- Osler for approximately five-second point-of-care answers.
- Sackett for deeper evidence evaluation.
- Snow for lengthy literature investigations.
- Darwin for frontier research through restricted institutional access.

OpenEvidence reports exceptional benchmark results for Darwin, including a perfect MedQA score. These remain vendor-reported benchmark results—not independent evidence of better patient outcomes. [OpenEvidence announcement, September 3](#)

Compared with Amazon: OpenEvidence is potentially stronger for clinician-directed literature synthesis. Amazon remains far stronger at converting a patient question into an appointment, prescription, pharmacy transaction, or delivery.

PSA/IHPF implication: Borrow the idea of explicit operating modes:

- Rapid, bounded support for routine work.
- Deliberate, source-heavy review for consequential questions.
- Human escalation whenever uncertainty or risk exceeds a defined threshold.

Recommendation: Monitor and potentially partner, but only as a clinician evidence layer. Do not treat OpenEvidence as a navigator platform or regard benchmark scores as outcome validation.

2. Solv AI targets the provider’s “front door”

Status: Live provider platform; the September 3 announcement packages existing and newer capabilities into an “AI operating system.”

Solv AI combines:

- ClearPay AI for insurance verification and expected patient costs.
- Maya voice AI for calls, scheduling, payments, and routing.
- Intake, messaging, telemedicine, and EHR connectivity.
- Connections reportedly spanning more than 150 EHR systems.

Solv says Maya has processed nearly 650,000 calls and reports substantial time savings at individual customers. These are vendor and customer claims, not independently controlled outcome findings. [Solv announcement, September 3](#)

Compared with Amazon: Amazon owns more of the consumer care journey. Solv instead helps independent practices and health systems respond, quote costs, schedule care, and collect payment across existing infrastructure.

PSA/IHPF implication: This is unusually relevant to Next Step Closure. A referral is not meaningful if the patient still lacks:

- A confirmed appointment.
- An understandable expected cost.
- Verified coverage.
- An after-hours response channel.

Solv addresses several of those gaps, but does not demonstrate PSA’s broader community-navigation, transportation, caregiver, social-support, or verified-completion functions.

Recommendation: Investigate as a possible infrastructure partner—subject to demonstrations using New Mexico Medicaid/Turquoise Care rules, bilingual calls, local provider directories, FQHC workflows, human escalation, and independent accuracy testing.

3. ChatGPT for Healthcare gains Epic and official-data connections

Status: Available to approved ChatGPT for Healthcare and eligible Enterprise organizations; implementation depends on each health system and its Epic configuration.

OpenAI announced a read-only Epic connection that allows authorized clinicians to summarize notes, medications, laboratory results, encounters, and unresolved issues. A separate plugin connects nine official sources, including PubMed, ClinicalTrials.gov, DailyMed, RxNorm, and CMS Coverage.

The Epic integration cannot write to the chart, place orders, message patients, or independently complete follow-up actions. OpenAI reports strong physician evaluation results, but these are company-run evaluations rather than independent clinical-outcome trials. [Official OpenAI announcement, September 1](#)

This announcement slightly predates the last report, but it materially changes the earlier characterization of ChatGPT for Healthcare and therefore belongs in this update.

Compared with Amazon: ChatGPT is becoming a much stronger institutional reasoning and evidence environment. Amazon still has the stronger consumer transaction loop. This Epic connection is not the same as Health in ChatGPT for consumers.

PSA/IHPF implication: It could help a participating provider identify unresolved referrals, medication changes, and follow-up requirements. It does not ensure that anybody owns or completes those tasks.

Recommendation: Monitor with local provider partners. PSA's Business workspace alone does not create Epic access. The participating healthcare organization would need the appropriate regulated deployment, permissions, configuration, and agreement.

4. FDA updates its AI-device inventory

Status: Regulatory inventory update—not a new approval program and not evidence that every listed device improves outcomes.

The FDA's updated AI-enabled-device list now includes decisions through June 29, including newer ultrasound, cardiac-imaging, sleep, wheeze-detection, and radiology products relevant to IHPF's diagnostic interests. The FDA emphasizes that the list is not

comprehensive and that authorization applies to each product's specified function and intended use. [FDA AI-enabled medical-device list](#)

Amazon Health AI is not identified on this list. That does not itself establish a regulatory problem: many educational and navigation services are not regulated as medical devices, and the FDA says its list is incomplete.

PSA/IHPF implication: Before choosing an ultrasound, cardiac, eye, or other diagnostic component, PSA should verify:

1. The exact model and software version.
2. The FDA submission number.
3. The authorized intended use.
4. Who is permitted to operate it.
5. Whether its validation population resembles southern New Mexico.
6. What happens after an abnormal result.

Recommendation: Borrow the FDA list as a procurement gate; avoid treating “FDA-cleared” as proof of population-level benefit.

5. Independent evidence strengthens PSA's human-accountability model

Two September 3 studies are especially instructive.

A study of 22,349 hospital encounters found that AI and case managers had similar discharge-date accuracy at admission. Close to discharge—when the estimate was most actionable—case managers were substantially better: at 24 hours, 79.5% of case-manager estimates were within one day of the actual discharge, versus 37.9% for AI. The study did not measure downstream patient outcomes. [JAMA Network Open discharge study](#)

A second study used an LLM to extract immunotherapy adverse events from 54 clinical notes involving 21 patients. Its performance was comparable to individual reviewers, but the AI, clinicians, and trial reports each missed or added different events. The authors recommended AI-assisted extraction with continued human contextual review. [JAMA Network Open adverse-event study](#)

These results do not directly test Amazon, OpenEvidence, Solv, or PSA. They nevertheless reinforce a common lesson:

AI is valuable for preparing attention, identifying possibilities, and structuring work—but it should not silently become the final authority.

That closely supports [PSA/IHPF Healthcare Vision 2.0](#): AI may draft, translate, classify, and prioritize, while a named person remains accountable for consequential decisions and verified completion.

Recommended PSA actions

- **Borrow:** Solv's real-time coverage, cost, scheduling, and after-hours-access concepts.
- **Borrow:** OpenEvidence's clear distinction between rapid answers and deep evidence review.
- **Partner:** Prioritize a local provider/FQHC/MCO capable of supplying authoritative records, appointments, escalation, and payment—not an AI vendor alone.
- **Monitor:** Epic-enabled ChatGPT deployments and the FDA-listed ultrasound and cardiac tools relevant to neighborhood diagnostics.
- **Test:** Compare human-only navigation with AI-assisted human navigation using completion, time, safety, staff burden, language, and equity measures.
- **Avoid:** Scaling based on benchmark scores, calls handled, messages generated, referrals issued, or appointments merely recommended.

No newer healthcare-specific PSA post appeared after the September 2 Amazon comparison and Vision 2.0 materials. The week's developments therefore reinforce rather than replace PSA's current strategy: build the accountable connective layer that commercial products still leave incomplete.